

****SPECIAL NOTICE****
PERSONS WHO MAY BE VICTIMS OF DOMESTIC VIOLENCE

If you are a victim of violence or abuse in an intimate relationship by someone such as:

- a member of your family (related by blood or marriage)
- a current or former member of your household
- a current or former spouse
- a current or former domestic or dating partner
- a personal caregiver

You may fear for your safety.

Our agency is entering certain information about the people who use services into a computer database called ServicePoint. This information is sent over the internet as part of a statewide HMIS (Homeless Management Information System) database.

ServicePoint collects this information) to assist the State and policymakers in finding out more about the use of shelters and other services.

Personal identifying information such as your name, social security number, and date of birth ethnicity and number of children and their ages may be put into the database.

Abusers sometimes try to track down their victims.

Extensive security protections have been put in place in the HMIS database.

However, no database is completely secure, even if information is hidden.

If your identifying information is entered into the database and you don't tell us otherwise it may be shared with other agencies and may also be seen by certain staff of the Wisconsin Bureau of Supportive Housing and its contractors who manage the database.

If you are concerned about your safety if your abuser saw your information, you need to make an important choice about how to best protect yourself. You can decide whether your information should be put into the database. To make your choice, read and complete the attached Notice & Consent.

****NOTICE & CONSENT****
FOR PERSONS WHO MAY BE VICTIMS OF DOMESTIC VIOLENCE

If you are or have been a victim of violence or abuse, you may fear for your safety. You may be at risk if your information is entered into the HMIS database. **You need to make an important choice about how to best protect your safety.**

You have the right to refuse to give information. You will not be denied services.

You can choose to either participate fully in the HMIS program, or you can choose to limit your participation by checking ONE of the boxes below:

- ☐ **#1** I understand that my information will be entered into the HMIS, but I do not permit my information to be shared with any other homeless provider in the HMIS. I understand that my identifying information **may be seen** by staff of the Wisconsin Bureau of Supportive Housing and its contractors who manage the database.

OR

- ☐ **#2** I permit the following basic demographic information about myself: name, date of birth, race, ethnicity and gender. All other information about me should remain closed.

OR

- ☐ **#3** I permit the demographic information that this agency enters into the HMIS to be shared with other service providers on the HMIS.

Client Name (please print)

Signature of client or legal representative

Date

Agency Personnel Name (please print)

Agency Personnel Signature

Date

Agency Name

***PLEASE NOTE:** *This form does not serve as a waiver under Wisconsin Non-Disclosure law.*